



Friends Families and Travellers

INCLUSION OF GYPSYTRAVELLER HEALTH NEEDS IN  
JOINT STRATEGIC NEEDS ASSESSMENTS: A REVIEW

# Inclusion of Gypsy Traveller health needs in Joint Strategic Needs Assessments: A review

a report compiled by

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## **EXECUTIVE SUMMARY**

**This report is for the attention of Health and Wellbeing boards and their constituent members - CCGs and public health teams - who have responsibility for co-ordinating production of JSNAs to identify and address local inequalities.**

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Within the structures of the NHS as reorganised through the Health & Social Care Act 2012 a greater emphasis is placed on the Joint Strategic Needs Assessment (JSNA) as a key document in planning services.

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This report reviews the inclusion of Gypsy Traveller health and social care needs in the South East as part of Friends, Families and Travellers' (FFT) ongoing work supporting the Inclusion Health agenda.

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Inclusion of Gypsies and Travellers in JSNA documents is critical for planning and commissioning services that work to reduce health inequalities. If Gypsy Traveller health needs are not included in robust and comprehensive needs assessments they risk being excluded from strategies and commissioning to address health inequalities.

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For clinically-led, evidence based commissioning to be effective in tackling Gypsy Traveller health inequalities the local evidence base of health needs and interventions, especially for social rather than clinical remedies, needs to be developed.

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## INTRODUCTION

FFT is a national organisation seeking to end racism and discrimination against Gypsies, Travellers and Roma, whatever their ethnicity, nationality, culture or background, whether settled or mobile, and to protect the right to pursue a nomadic way of life.

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FFT have been working with local authority public health teams and Clinical Commissioning Groups (CCGs) to ensure that the needs of Gypsy Traveller communities are effectively included in Joint Strategic Needs Assessments (JSNAs) and Joint Health Wellbeing Strategies (JHWSs). This work was funded as part of the Department of Health's Inclusion Health programme between 2012 and 2015 to address the health inequalities and social exclusion issues experienced by Gypsies and Travellers, sex workers, homeless people and vulnerable migrants, with a focus on improving access to primary care.

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FFT has worked with the Inclusion Health board and the Royal College of General Practitioners to produce guidance on Commissioning Inclusive Services: Practical steps towards inclusive JSNAs, JHWSs and commissioning for Gypsies, Travellers and Roma, homeless people, sex workers and vulnerable Migrants and Improving access to healthcare for Gypsies and Travellers, sex workers and homeless people. It is hoped that these practical documents will be used by public health teams, CCGs and health and wellbeing boards.

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JSNAs are key documents in identifying health inequalities. However, there is a great deal of variation in both the quality and level of inclusiveness of these documents. With the legal duty in the Health Social Care Act 2012 to have due regard to the need to reduce inequalities in access to services and health outcomes, there is a strong imperative effectively to include the needs of Gypsy Traveller communities in JSNAs in order commission to services to meet the needs of these communities and improve health outcomes.

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## **STATUTORY GUIDANCE ON JSNAs AND JHWSs**

**DH statutory guidance on JSNAs and JHWSs published in March 2013 makes it clear that the purpose of the documents is to identify local health inequalities with a view to improving the health and wellbeing of the local community. The guidance recommends joint working between local authorities and CCGs as they share an equal duty to prepare JSNAs and JHWSs through the health and wellbeing board.**

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In relation to identifying the needs of Gypsy Traveller communities on a local level it should be noted that the guidance states –

“Two or more health and wellbeing boards could choose to work together to produce JSNAs and JHWSs, covering their combined geographical area. Some health and wellbeing boards may find it helpful to collaborate with neighbouring areas where they share common problems as this can prove to be more cost effective than working in isolation.”

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To date few JSNAs have been written collaboratively yet this approach may prove especially effective where Gypsy Traveller populations are relatively small but levels of need are high.

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## LEGAL CONTEXT

### Health and Social Care Act 2012

The Health and Social Care Act 2012 conveys a legal duty onto the NHS Commissioning Board, Clinical Commissioning Groups (CCGs) to

(a) reduce inequalities between patients with respect to their ability to access health services,

and

(b) reduce inequalities between patients with respect to the outcomes achieved for them by the provision of health services.

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Furthermore, the Secretary of State in overseeing the provision of health services “must have regard to the need to reduce inequalities between the people of England with respect to the benefits that they can obtain from the health service.”  
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### Public Sector Equality Duty

Ethnic Romany Gypsies, Irish Travellers and Roma are all protected under the Race Relations Act (2000). As such the Public Sector Equality Duty applies to these communities. Public bodies must show due regard to the need to:

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eliminate discrimination  
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foster good relations  
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promote equality of opportunity  
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Health inequalities have a detrimental effect on equality of opportunity as poor health can act as a barrier to full participation in society.  
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## **Human Rights Act**

Public authorities must act 'compatibly' with the Human Rights Act in all that they do. The following articles are relevant to health and social care with articles 8 and 14 being most relevant to Gypsies and Travellers -

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Article 2 – The right to life

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Article 3 – The right to be free from inhuman and degrading treatment

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Article 6 – The right to liberty

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Article 8 – The right to respect for private and family life, home and correspondence

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The right to pursue a nomadic way of life is encompassed by article 8.

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Article 14 – Prohibition of discrimination (article 14)

The enjoyment of the rights and freedoms set out within the human rights act are secured without discrimination on any grounds such as race, colour, language, religion, political or other opinion, national or social origin, association with a national minority, property, birth or other status.

The broad definition of non-discrimination in the HRA offers protection both to ethnic Gypsies and Travellers and non-ethnic Travellers such as New Age Travellers, Showmen and boaters.

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## WHO ARE GYPSIES AND TRAVELLERS?

**'Gypsy Traveller' is an umbrella term for a set of distinct and diverse communities.**

### Ethnic Travellers by the Race Relations Act as amended 2000

Romany Gypsies

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Irish Travellers

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Roma

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### Non-ethnic Travellers

New Travellers

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Bargees (boat people)

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Showmen

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Circus Families

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All travelling communities are subject to racism and discrimination. Prejudice and discrimination against Gypsies and Travellers is widespread to the extent that the former Commission on Race Equality deemed it to be the last bastion of 'acceptable' racism.

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There is a lack of data on differences in health needs between different Gypsy Traveller communities. FFT community engagement work funded by Brighton & Hove CCG to inform commissioning includes break downs of respondents by ethnicity in order to identify trends within communities. Reports have been conducted on use of urgent care services, mental health and wellbeing, attitudes to medical records sharing, integrated care and breastfeeding.

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Whilst 'Gypsy/Traveller' was included in the census for the first time in 2011 this category is not currently included in the NHS data dictionary. This omission is a key barrier to accessing accurate data on the needs of these communities and levels of access to health services.

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## **WHAT ARE THE HEALTH NEEDS OF GYPSY AND TRAVELLER COMMUNITIES?**

**Gypsies and Travellers are more likely to develop certain conditions, less likely to access certain services and more likely to have a poorer experience of health services due to direct or indirect discrimination.**

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Significant health inequalities exist between the Gypsy and Traveller population in England and the settled community, even when compared with other socially deprived or excluded groups, and with other ethnic minorities (Parry et al., 2004) -

42 per cent of English Gypsies are affected by a long-term condition, as opposed to 18 per cent of the general population (Parry et al., 2004).

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Higher levels of stress, anxiety and depression (Parry et al., 2004).

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Considerably higher numbers of smokers in the Gypsy Traveller population – (57%) compared to matched comparators (21.5%) (Parry et al., 2004).

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Higher rates of stillbirth, infant mortality and maternal death (Royal College of Gynaecologists, 2001).

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Gypsies and Travellers have the poorest self-reported health and provide more unpaid care than any other ethnic minority (ONS, Ethnic variations in general health and unpaid care provision, 2011)

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These inequalities arise due to a range of factors – barriers to accessing health services, poor accommodation, discrimination and poor health literacy. Lack of cultural awareness and understanding by health professionals of Gypsy Traveller health and social needs is a significant barrier to access.

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**JSNAs should seek to identify barriers to accessing health care locally with reference to -**

Primary care – especially permanent GP registration

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Pharmacy

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Health Visiting

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Dental Services

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Mental Health Services

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Drug & Alcohol Services

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NHS Screening services

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Childhood immunisation

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Sexual Health

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Given the impact of the social determinants of health on health inequalities, access to education, suitable accommodation and employment should be assessed. For an example of a needs assessment that makes a thorough and effective assessment of Gypsy Traveller access to services, see Kent Gypsy, Roma Traveller JSNA 2014.

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## **POPULATION DATA**

**There is a lack of reliable data on the current Gypsy Traveller populations. However, there is a range of sources that can be consulted in making a good estimate of local Gypsy Traveller communities.**

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It must be recognised that Gypsies and Travellers are often reluctant to disclose their ethnicity on monitoring forms or verbally due to fear of discrimination. NHS organisations must work to improve the cultural competency of their staff in order to ensure Gypsy Traveller communities are treated with dignity and respect at all times and Gypsy Traveller communities and have the confidence to ascribe their ethnicity.

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### **2011 Census**

This Census was the first time that Gypsy/Traveller was included as an ethnic category. Community estimates suggest that census data show an undercount to a ratio of 1:5 due to unwillingness to ascribe due to fear of discrimination, and barriers to completing the census such as low literacy levels and enforced mobility. For more information see the Traveller Movement report 'Gypsy and Traveller population in Britain and the 2011 Census'

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### **School Census**

The Department of Education annual school census has collected key data on pupils nationally since 2002. The school census includes the categories 'Gypsy Roma' and 'White Traveller of Irish Heritage' and breakdowns are available for each UA/LA in England.

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### **Bi-annual caravan count**

The Department for Communities and Local Government conducts a biannual count of Gypsy and Traveller caravans in January and July. As these data count caravans rather than people they can only be used to provide estimates of the Gypsy Traveller population living in caravans on council sites, private sites, caravans on Gypsies' own land (with or without planning permission) and unauthorised sites (tolerated or not tolerated).

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The above sources are a starting point for identifying quantitative data on local Gypsy Traveller populations. Further information on accessing data on Gypsy Traveller populations can be found in the Inclusion Health report

**Hidden Needs: Identifying Key Vulnerable Groups in Data Collections: Vulnerable Migrants, Gypsies and Travellers, Homeless People, and Sex Workers**

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## **INCLUDING COMMUNITY VOICE**

**People are experts in their own health and this is especially true of communities who face extreme health inequalities and social exclusion. Effective engagement with Gypsy Traveller communities in the JSNA is essential in order to gather insight into communities' experiences of accessing services on the ground.**

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Where the JSNA process is inclusive of Gypsy Traveller communities, the data in the JSNA are generally much richer, providing a better basis for local planning to address the health inequalities. Failure to engage with Gypsy Traveller communities in the JSNA process can contribute to the further exclusion of these communities.

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A good start towards engaging with communities is to identify a local grassroots Gypsy Traveller organisation. The National Federation for Gypsy Traveller Liaison Groups has a list of members organised by region available [here](#). If there are no local organisation to contact, think about what services Gypsies and Travellers access locally. For example, Traveller Education services are likely to have good links with the community or there might be a council run welfare advice drop-in that is accessed by Gypsy Travellers.

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A pro-active approach in engaging with Gypsy Traveller communities is critical to success. Leaving health questionnaires with a site manager (who may, or may not, have a good relationship with residents) and expecting the forms to be filled out without support is unrealistic and will not yield results. It is also critical to be aware of the way in which levels of trust between health services and Gypsy Traveller communities will impact on the amount and quality of qualitative data collected.

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A peer-interview approach, using interviewers from Gypsy Traveller communities, has proven successful to engender trust through cultural competency. Friends, Families and Travellers was involved in peer interviews to inform JSNAs in West Sussex and Kent. Even where peer-interviewers are used it may remain difficult to gather community views on sensitive subjects such as use of sexual health services due to cultural views around modesty.

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## JSNA ANALYSIS OF INCLUSIVITY

**Without robust and inclusive JSNAs that detail the health and social care needs of Gypsies and Travellers and identify key barriers to accessing services locally, Gypsy Traveller health needs are unlikely to be prioritised by commissioners. Lack of inclusion in JSNAs will lead to the further social exclusion of Gypsies and Travellers.**

Where Gypsy Traveller JSNA chapters existed, FFT provided feedback on how to make the assessments more inclusive in future. For example, West Berkshire included Gypsy Traveller health needs in a 'Housing and homeless and GRT (Gypsies & Traveller)' focus paper with information on where local sites were situated and census statistics but only a general comment on health needs. Desk-based research on Gypsy Traveller health needs, as seen in Southampton and Bracknell Forest JSNAs, with national information on health inequalities and some local level population and service information are good starting points but should be seen as a place-holder for a needs assessment that genuinely engages with Gypsy Traveller communities.

Commissioning guidance and advice was well received in Oxfordshire, Wokingham and Hertfordshire where Gypsy Traveller JSNA focus papers are underway.

Engagement with Gypsy Traveller communities is a vital part of the JSNA process. However, where statutory links with Gypsy Traveller communities are poor, or there is not a local and active Gypsy Traveller grassroots organisation to link up with, engagement is a challenge. A chicken and egg situation can arise – if a service that reaches Gypsy Traveller communities doesn't exist the needs of communities won't be documented, if needs are not documented services will not be commissioned.

FFT reviewed JSNAs from across the South East and South West to assess the extent to which Gypsy Traveller health needs were included in the light of the inclusive commissioning guidance.





**London**

Only 2 out of 33 boroughs, Richmond upon Thames and Haringey, currently include have a chapter on Gypsy Traveller health needs.

Hounslow has produced a one page briefing on Gypsy Traveller health needs.  
Gypsy Travellers are mentioned in Adult Sexual Health briefing

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Greenwich public health is in the process of finalising a Gypsy Traveller JSNA chapter

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Brent is currently in refreshing the JSNA and this work is accompanied by a rolling programme of supplementary information briefings, the work on Gypsy and Traveller needs is likely to take the form of one of these information briefings

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Sutton plans to look into Gypsy Traveller inclusion in 2015

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Hackney public health are in discussion about how to include 'hidden' communities in their JSNA locally

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## East

One recent Gypsy Traveller JSNA focus paper (Central Bedfordshire) out of nine Health & Wellbeing boards. Previous needs assessments included Cambridgeshire Travellers JSNA 2010, Luton 2009 Health Needs Assessment, South West Essex Gypsy Traveller JSNA August 2009 and Peterborough migrant worker JSNA 2009 which includes some information on Roma

Thurrock are including Gypsy Traveller children as a 'vulnerable group' in the children's JSNA chapter that is currently underway, and a similar section will be included profiling Gypsy Traveller health needs when the adult JSNA is refreshed.

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Hertfordshire are using national data and insight provided by FFT as starting point and will talk to local community groups and services to inform a draft chapter to inform a JSNA briefing on Gypsy Traveller health

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Cambridge currently has no plans currently to update the Travellers JSNA 2010 although it will be done at some point in the future. Gypsies and Travellers will be mentioned in the current Vulnerable Children & Families JSNA that is underway.

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Suffolk has identified the need to update JSNA information on all vulnerable groups. The Inclusion health guidance will be taken to the steering group to inform the development of the needs assessment.

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Norfolk has references to Gypsy Traveller health needs included in Housing JSNA 2014, Mental Health JSNA 2013 and end of life care 2009 but no in depth Gypsy Traveller focus paper

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## **METHODOLOGY**

**FFT reviewed JSNAs from across the South East and South West between 2013-2014. The survey follows the dissemination of RCGP and Inclusion Health guidance with an offer of support for developing a JSNA that is inclusive of the needs of Gypsy Traveller communities.**

29 public health teams were surveyed in the South East and South West regions.  
Of these -

13 out of 29 (44%) had chapters on Gypsy Traveller Health need  
of which 8 out of 13 (61%) included an element of Gypsy Traveller voice

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6 out of 29 (20%) had a few paragraphs on Gypsy Traveller health need

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2 out of 29 (7%) had a sentence on Gypsy Traveller health need

.....  
5 out of 29 (17%) had no mention of Gypsy Traveller health needs  
of these 3 have Gypsy Traveller needs assessments in progress

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The level of inclusion of Gypsy and Traveller health needs was assessed in  
relation to the checklist available on page 5 of Inclusion Health Commissioning  
Inclusive Services guidance.

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Where Gypsy Traveller JSNA chapters or focus papers had been produced, the survey addressed the following questions -

What is the level of engagement with Gypsy Traveller communities?

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Are the health needs of Roma included?

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Are the needs of Gypsies and Travellers on unauthorised sites included?

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Are the needs of Gypsies and Travellers in housing included?

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Is there any information on how the social determinants - education / accommodation / employment / racism - affect Gypsy Traveller health?

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How do lifestyle factors - smoking / exercise / diet - impact on Gypsy Traveller health locally?

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What services do Gypsies and Travellers currently access and what are the barriers to accessing these services?

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### **Findings**

The level of Gypsy Traveller inclusion in JSNAs is highly varied even where a Gypsy Traveller JSNA chapter exists. Where JSNAs engage with Gypsy Traveller communities in the needs assessment process the information is richer and better able to inform commissioning.

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### **Number of pages**

Whilst not an indicator of quality the length of JSNA chapters on GRT health gives a cursory indicator of level of detail the needs assessment contains. The length of JSNA chapters ranged from 2 to 215 pages.

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**Date of publication**

The usefulness of a JSNA to commissioners is dependent on accurate and up-to date information. The date of publication of JSNAs surveyed ranged from 2009 and 2014

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Unfortunately as action to reduce health inequalities is slow information regarding health needs is unlikely to have changed. However as the health system has undergone significant reorganisation in recent years it is crucial that JSNAs are updated to contain recommendations relevant to the current commissioning landscape.

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**Engagement with Gypsy Traveller communities**

61 % GRT JSNA chapters engage with the community (8 out of 13)

Effective engagement with Gypsy Traveller communities is essential to begin addressing the high levels of social exclusion that contribute to health inequalities. FFT has provided community interviewers to undertake health needs assessments in Kent and West Sussex.

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**Different approaches to community engagement were taken by the JSNAs -**

Peer interviews were conducted to inform JSNAs in Kent, Bath & North East Somerset, Brighton and West Sussex.

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In North Somerset a questionnaire survey was conducted with 28 Gypsy Travellers.

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In Surrey public health engaged with the Surrey Gypsy Traveller Forum, a Gypsy Traveller run community forum that aims to improve relations between the community and public bodies.

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## Roma

30% GRT JSNA chapters include the health needs of Roma (4 out of 13)

According to research from the University of Salford there are 200,000 Roma migrants living in the UK. There are significant Roma communities in the north of England, East Midlands, Kent and north and east London whilst some Roma are transient. Access to health care for Roma communities can be further impeded by language barriers. Anecdotal evidence suggests that racism from country of origin interpreters is common and there is a lack of interpreters from the Roma community to address this issue. For newly arrived Roma differences between health services in the country of origin and the NHS can cause difficulties navigating the health system.

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The level of inclusion of Roma health needs in JSNA chapters surveyed was low - Kent - 3 out of 29 community interviewees were Roma

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Bath & North East Somerset – 2 interviews with Roma were undertaken but not included in the final needs assessment as it later transpired that the interviewees who worked in Bath but were resident in Bristol. Difficulties recruiting Roma interviewees to the survey were acknowledged.

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West Sussex – noted that Roma refugees from Europe are likely to experience different social and cultural influences on health, compared to English, Scottish and Welsh Romany Gypsies but no Roma community members were interviewed in the survey.

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Bristol – included an estimate of the European Roma population at 50-80 families in the city (in 2009) and identified 'significant poverty and hunger' in the Roma population.

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Lack of research into Roma health needs nationally and difficulties accessing Roma community members due to issues of social exclusion may contribute to this low level of inclusion in needs assessments.

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### **Gypsies and Travellers on unauthorised sites**

46% of GRT JSNA chapters include the health needs of Gypsies and Travellers on unauthorised encampments (6 out of 13)

Due to a shortage of sites, some 20,000–25,000 Gypsies and Travellers in the UK do not have a legal place to stop. Gypsies and Travellers on unauthorised sites are homeless and often trapped in cycles of eviction. Gypsies and Travellers on unauthorised sites have the poorest access to health care and often have higher health needs than other Gypsy Travellers. Unauthorised sites are likely to be situated in an unhealthy environment on the road-side or on contaminated land. Traveller Movement have conducted a study into the impact of insecure accommodation on health including 30 in depth interviews, supported by DH's Inclusion Health board, which will be published shortly.<sup>1</sup>

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**The level of detail regarding the health needs of Gypsies and Travellers on unauthorised encampments was varied and highlighted different health issues including access to primary and secondary care, access to screening, lack of toilet facilities and dangerous location of sites -**

Kent noted barriers to accessing screening services for Gypsies and Travellers on unauthorised sites

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West Sussex identified 82 Gypsies and Travellers on unauthorised sites according to estimate and acknowledges that living on an unauthorised site can contribute to a poorer health status. On interviewee reported about – ‘the death of her cousin’s five year old son, on an unauthorised site at Stanmer Park, Brighton several years ago. The family had been given an hour to move, and in the rush and flurry of activity to get moving, the child had jumped on a trailer, fallen underneath without being seen, and been crushed by the trailer. Her view was “he was killed, literally, because they only had an hour to leave.”’

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<sup>1</sup> The report will be published in due course. See - <http://www.travellermovement.org.uk>

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Brighton & Hove noted that Travellers in the city are four times more likely than the national average to be on an unauthorised site and that lack of sanitation facilities, waste disposal, clean drinking water or electricity for these communities has a negative impact on health.

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Devon noted the impact of the threat of eviction on health stating, 'whilst there may be a number of unauthorised but tolerated sites in Devon the threat of and the continuing cycle of evictions associated with homelessness among caravan dwelling across Devon and the United Kingdom is unacceptable. The cumulative impact of such evictions particularly on children's development whilst under researched is likely to be severe for some children as well as for some adults.'

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Surrey – noted difficulties accessing and maintaining contact with health care services for nomadic Travellers - 'If someone is labelled as No Fixed Abode, they are often denied services.'

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### **Housed Gypsies and Travellers**

53% GRT JSNA chapters include the health needs of housed Gypsies and Travellers (7 out of 13)

**Approximately two thirds of Gypsies and Travellers in the UK live in bricks and mortar accommodation. However, the needs of housed Travellers are less visible and often not included in Gypsy Traveller JSNA focus papers.**

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Gypsies and Travellers in bricks and mortar accommodation experience poorer mental health than their nomadic counterparts (Parry, et al 2004). This is due to range of factors including increased isolation due to a loss of close community networks on site and increased experiences of racist discrimination from settled neighbours.

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**Where the needs of housed Travellers were included in JSNAs mental health needs were a common theme -**

Kent identified that 'Gypsy Traveller communities in housing often live in areas of higher deprivation.'

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Brighton noted that 'housed Travellers find it difficult to access health services despite having a permanent address.' The needs assessment highlighted that 'Travellers living in a house are more likely to have a long term illness, poor health state or anxiety' and found that 'housed Travellers were also vulnerable to depression owing to "being stuck between two worlds" and isolated from traditional social support networks.

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West Sussex mentioned housed Travellers in relation to the use of alcohol & drugs - 'anecdotal evidence suggests that it is on the increase, in line with other communities, particularly where families have been housed on run-down housing estates, or where unemployment and depression are common.'

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**Accessing housed Gypsies and Travellers to participate in needs assessments can be challenging. FFT is able to contact and establish relationships with housed Travellers due to 15 years of assertive outreach work and a good reputation within the community that leads to word of mouth referrals.**

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**Social Determinants of Health**

92% of GRT JSNA chapters include some information on the social determinants of health (12 out of 13)

The Marmot Review (2010) made a case for improving the conditions, in which people are born, grow, live, work and age. A social determinants approach is needed to tackle the root causes of inequalities and address social exclusion. Marmot recommends proportionate universalism and targeted approaches to reach socially excluded communities and 'improve the health of the poorest health fastest.'

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## Education

46% included data from the school census (6 out of 13)

School census data can be useful for identifying Gypsy Traveller communities on a very local level. Access to education is a key determinant of health so ensuring there is adequate support for Gypsies and Travellers to access and remain in primary and secondary education is critical.

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Disrupted access to education due to nomadic ways of life and high levels of bullying and discrimination can result in poor educational outcomes for Gypsy Traveller children.

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A flexible and supportive approach must be taken to ensure that children are supported through their education.

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## Accommodation

23% included information from Gypsy Traveller Accommodation Needs Assessments (GTANAs) (3 out of 13)

Bath North East Somerset – ‘amongst Boaters 59% stated that they had adopted their current lifestyle as a result of the high cost of living in housing’

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The JSNA should draw together information from a variety of sources within the local authority in order to produce a needs assessment jointly. GTANAs can be a valuable source of information. They are usually produced in consultation with Gypsy Traveller communities and often include some health specific information.

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The quality and security of accommodation and its impact on health is widely recognised. Similarly there is a strong correlation between accommodation status and Gypsy Traveller health. Soon to be published research funded by DH and conducted with Traveller Movement attests to the relationship between poor accommodation and poor health.

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## **Employment**

There is a strong culture of self-reliance and often a preference for self-employment in Gypsy Traveller communities. However there is a lack of specialist support for self-employment at Job Centres and this is further complicated if people have low-literacy levels and/or do not have the computer skills to search for work online. Unemployment may have a disproportionate impact on Traveller men who traditionally take pride in providing for their families.

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Brighton – noted that ‘there is a shortage of job opportunities for men, particularly in the current economic climate. Access to employment is further disrupted by the need to move on every six weeks.’

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## **Racism**

The experiences of racism, direct or indirect discrimination and prejudiced views impact on all areas of Gypsy Traveller life - education, accommodation, health, employment and leisure. The long term impact of racism on health, and especially mental health is well documented. However, JSNAs often fail to address the relationship between race and health.

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In West Sussex an interviewee reported that her children had experienced ‘bullying, abuse and discrimination when playing in public parks.’

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## **Fuel Poverty**

For Gypsies and Travellers on site accommodation or travelling, thermally inefficient trailers with little insulation combined with the expense of Calor gas can cause fuel poverty. Housed Gypsies and Travellers frequently reside in areas of deprivation in poor quality housing with poor insulation that can lead to fuel poverty.

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There is little research into fuel poverty in Gypsy Traveller communities. Data collected as part of a fuel poverty project conducted by London Gypsy Traveller Unit found that “every household spent more than 10% of their income on heating and was therefore in some degree of fuel poverty. The survey also showed a high incidence of health problems especially respiratory problems on the site and that most households had difficulty keeping warm.”<sup>2</sup>

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**Local authorities should be aware that they may need to tailor their fuel poverty prevention campaigns to reach Gypsy Traveller communities.**

West Sussex documents how fuel poverty issues affect Gypsy Traveller communities: ‘stakeholders told us that if older Travellers on permanent sites are receiving pension credits, then they should also receive the winter fuel allowance. However, for people who are travelling, their ability to claim winter fuel allowance will depend on whether they have a permanent address, as transit site addresses are too short-term to be used for this purpose. Gypsies and Travellers may face higher than average heating costs, both because of the design of their caravans (e.g. cavity wall insulation is not possible for most mobile homes) and also because they are often dependent on Calor gas, which is expensive.’

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<sup>2</sup> London Gypsy Traveller Unit, Health through warmth community project [<http://www.lgtu.org.uk/publications/Finalreport.pdf>]





## Lifestyle

53% of GRT JSNA chapters include some information on lifestyle factors  
(7 out of 13)

Gypsies and Travellers historically had active lifestyles working traditional trades or in the fields; however “the transition from high levels of physical activity and healthy eating to a more sedentary lifestyle and frequent use of convenience foods appears to have had a disproportionate impact on their health.”<sup>3</sup>

Where the impact of lifestyle factors on Gypsy Traveller health was included in JSNAs the focus was often on smoking rather than diet or exercise.

**JSNAs taking an assets based approach should also seek to identify the health promoting behaviours in Gypsy Traveller culture. For example, close-knit family ties, connection with the land and nature, resilience.**

In Kent half of those surveyed were smokers. The majority started smoking before they were 14 years old

In Bath & North East Somerset respondents were asked about what their priorities would be for achieving a healthier lifestyle. In total 51 (77%) of respondents answered this question. It was noteworthy that approximately 50% each of New Travellers and Boaters and 30% of Irish Travellers reported that they would want to stop smoking. At present there are limited targeted resources available for Gypsies/Travellers in this field.

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<sup>3</sup> Greenfields, M., Falling by the wayside, Diabetes Update Winter 2009 [<http://www.diabetes.org.uk/Documents/Professionals/Referenced%20Gypsies%20and%20Travellers%20feature%20-%20Update%20Winter%202009.pdf>]

## Service utilisation

77% of GRT JSNA chapters include data on local service provision in relation to Gypsy Traveller needs (10 out of 13)

Information on current service utilisation is a key part of the JSNA for planning future commissioning. The needs assessment should develop insight into how effective current services are in reaching Gypsy Traveller communities in order to make recommendations for more inclusive services. It is reassuring that most JSNAs included information on service utilisation in relation to health needs.

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**The strongest JSNA focus papers made a clear link between the findings from research with Gypsy Traveller communities, barriers to accessing services and recommendations to improve access to health care. For example:**

Kent included a detailed comparison table of current service provision and levels of need

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Bath & North East Somerset conducted an extensive health needs survey included questions on access to primary care, out of hours and emergency care, ante-natal care, opticians and dentist, sexual health and family planning. The survey informed recommendations such as:

‘There is an urgent need to engage with surgeries over promoting the issue of registration of GRT/Boater/Showmen populations as both temporary and permanent patients.’

.....

‘It may be that particular practices wish to apply for ‘enhanced service’ status in relation to Gypsy and Traveller (and Boater) groups following discussion with CCGs

.....

Brighton & Hove – detailed current service provision targeted at Gypsy Traveller communities and barriers to accessing mainstream services

.....





**Where is information on Gypsy Traveller health need included in the JSNA?**

The navigability of information in JSNAs has an impact on how effectively these documents are in informing commissioning.

.....

Is it somewhere random / hidden where it is going to get lost? If it is not clear where information on Gypsy Traveller health needs is detailed in the JSNA then this information is unlikely to be acknowledged and used by commissioners.

.....

**Information on Gypsy Traveller health needs may appear under -**

Ethnicity

.....

Vulnerable Groups

.....

Housing and Homelessness

.....

Social Determinants

.....



## **DO INCLUSIVE JSNAS LEAD TO INCLUSIVE COMMISSIONING?**

**Inclusive health services are not just about inclusion in documentation, although this is an important first step. Anyone can write a visionary document making an organisational commitment to equality diversity and human rights. Services that are delivered in a rights-respecting manner and which are fully inclusive of all communities take time and sustained investment to deliver.**

.....

As more progress is made to conduct needs assessments of Gypsy Traveller communities there is an evidence base to inform commissioning and meet the identified needs. However, inclusive needs assessments do not necessarily lead to inclusive commissioning.

.....

In Hampshire a recommendation was made in 2013 to “establish a county-wide strategic partnership to oversee and enable the reduction in modifiable inequalities, including those experienced by Gypsies and Travellers.”<sup>4</sup> However, the voluntary organisation, Forest Bus, who were going to take forwards this work closed due to lack of funding shortly after the publication of the JSNA.

.....

In Kent the recommendation for commissioning “additional health trainers or community workers that have an understanding of the language and cultural issues” building on the successful work of the Swale Gypsy Traveller health trainer project is yet to be actioned.

.....

There is concern from the voluntary sector more widely about the degree of influence JSNAs have on commissioning decisions. FFT contributed its insight on the inclusion of Gypsy Traveller health needs in JSNAs to the Royal National Institute Blind (RNIB) briefing to DH – Local needs at the heart of commissioning: Call for review of Joint Strategic Needs Assessments (JSNA) and Joint Health and Wellbeing Strategies (JHWS). The briefing will be published shortly on the RNIB website.<sup>5</sup>

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<sup>4</sup> Hampshire JSNA Gypsy Traveller 2013, <http://documents.hants.gov.uk/public-health/jsna-2013/GypsiesandTravellersJSNA2013.pdf>

<sup>5</sup> <http://www.rnib.org.uk/>



## **HEALTH & WELLBEING STRATEGIES**

**We have found that Health & Wellbeing strategies are frequently too high level to include actions on Gypsy Traveller health South Gloucestershire Health & Wellbeing board have included a commitment to developing a Gypsy Traveller action plan and FFT have engaged with the public health team to support the development of this work. FFT have lobbied HWBs to include specific targets for improving Gypsy Traveller health outcomes.**

.....

For example, FFT responded to Kent Health Wellbeing Board consultation on the draft Health & Wellbeing strategy arguing that Gypsy Traveller specific targets should sit under the outcome 'give every child the best start in life' to improve access and the cultural competency of primary care and maternity services to increase MMR vaccination rates and improve breastfeeding uptake within Gypsy Traveller communities.

.....



## **RECOMMENDATIONS TO HWBS**

### **Co-operation**

Greater co-operation between HWBs is needed to take action on Gypsy Traveller health inequalities in an effective and efficient manner.

Joint-working in conducting JSNAs is critical especially in documenting the needs of small population groups with high levels of health and social care need.

.....

Joint commissioning and pooled budgets across local authority and CCG areas to target Gypsy Traveller communities.

.....

### **Data**

Commissioners should be sensitive to the lack of quantitative data on Gypsy Traveller health and ensure that gaps in data don't lead to gaps in service provision.

JSNAs should give a more equal weighting to quantitative and qualitative data. Quantitative local level data on Gypsy Traveller health is difficult to come by so insight from qualitative data and lived experience of Gypsies and Travellers accessing health services needs to be valued.

.....

Ethnic monitoring of all services needs to be updated to include 'Gypsy/Traveller' in line with 2011 census.

.....

### **Transparency**

HWBs need clear and transparent process for engaging with the voluntary sector.

A timeline of JSNA work currently in progress should be published publicly to enable the voluntary sector to input into JSNAs at the most effective time.

.....

JSNA documents should indicate when the next planned refresh will take place to give voluntary sector organisations an indication of the best time to feed in their expertise in the needs of the communities they serve.

.....



### **Resource for Community Engagement**

Funds for patient and public participation should be directed towards reaching 'seldom heard' communities who experience health inequality.

Local authorities and CCGs must acknowledge that engagement with socially excluded communities takes time and resource and invest funds for patient and public participation accordingly in order to reach out to socially excluded communities.

.....

### **Strong Leadership**

Strong leadership is key to gaining momentum to address health inequalities and chronic social exclusion in a time of austerity.

Strong leadership on health inequalities from the Health & Wellbeing board and an accountable officer with responsibility for health inequalities and social inclusion with specific responsibility for Gypsies and Travellers and other Inclusion Health groups - sex workers, homeless people and vulnerable migrants.

.....

An integrated approach to Equality & Diversity and health inequalities agendas is needed. In prioritising work to address health inequalities both of these Health & Wellbeing boards should look at their legal duties under the Equality Act 2010 Public Sector Equality Duty and duty to address health inequalities in the Health & Social Care Act in conjunction with each other.<sup>6</sup>

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<sup>6</sup> For more information see – Race Equality Foundation (2014) Race equality and health inequalities: towards more integrated policy and practice Briefing Paper 32 [[http://www.better-health.org.uk/sites/default/files/briefings/downloads/Health%20Briefing%2032\\_0.pdf](http://www.better-health.org.uk/sites/default/files/briefings/downloads/Health%20Briefing%2032_0.pdf)]

## RECOMMENDATIONS TO NHS ENGLAND AND PUBLIC HEALTH ENGLAND

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### Accountability

NHS England and PHE have a role to play in overseeing and scrutinising progress made by HWBs and CCGs to address health inequalities. There is a risk that of HWBs and CCGs may be dis-incentivised to carry out robust inclusive Gypsy Traveller JSNA focus papers as these are likely to uncover high levels.

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### Data

Instruct the Health and Social Care Information Centre to include 'Gypsy Traveller' in NHS data dictionary in line with the 2011 census.<sup>1</sup> The Information Services Division Scotland has recognised that improved ethnic monitoring supports identification of inequalities in access to healthcare and has updated the NHS Scotland data dictionary accordingly. Key health inequalities are identified using the NHS Outcomes Framework but where Gypsy Traveller ethnic monitoring is not in place these inequalities remain hidden.

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### Duties of Care

Clarify GP duties of care with reference to registering Gypsy, Traveller and Roma patients, especially for those who have no fixed abode. NHS entitlement is based on residency so not having a permanent postal address should not be a barrier to accessing permanent GP registration.

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Update and reissue with relevance to the re-structured health system DH Primary care service framework: Gypsy Traveller communities, May 2009.<sup>2</sup> Emphasise the need for cultural competence training for GP practices and greater flexibility offering walk-in appointments and longer appointments where needed to ensure a universally accessible primary care service.

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## **RESOURCES FOR INCLUSIVE JSNAs AND COMMISSIONINGS**

Aspinall PJ (2014) Identifying Key Vulnerable Groups in Data Collections: Vulnerable Migrants, Gypsies and Travellers, Homeless People, and Sex Workers, Inclusion Health

[[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/287805/vulnerable\\_groups\\_data\\_collections.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/287805/vulnerable_groups_data_collections.pdf)]

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Aspinall PJ (2014) Promising Practice: Enabling better access to primary care for vulnerable populations – examples of good local practice, Inclusion Health

[[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/307376/Promising\\_Practice.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/307376/Promising_Practice.pdf)]

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Carr S, Lhussier M et al. (2014) Outreach Programmes for Health Improvement of Traveller Communities: a synthesis of evidence

[<http://www.journalslibrary.nihr.ac.uk/phr/volume-2/issue-3#abstract>]

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Department of Health, (2010) Inclusion Health Evidence Pack

[<http://webarchive.nationalarchives.gov.uk/+http://www.cabinetoffice.gov.uk/media/346574/inclusion-health-evidencepack.pdf>]

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Gill P, Wright N, Brew I, (2014) Working with Vulnerable Groups a clinical handbook for GPs, RCGP, – see chapter 4 'Caring for Travelling Communities in Primary Care' pp.57-70

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Gill P, Macleod U, Lester H and Hegenbarth A (2013) Improving health care for Gypsies and Travellers, sex workers and homeless people, RCGP

[<http://www.rcgp.org.uk/shop/books/medical-disciplines/social-and-cultural-medicine/working-with-vulnerable-groups.aspx>]

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Lane P, Spencer S, Jones A, (2014) Gypsy Traveller and Roma Experts by Experience Anglia Ruskin: reviewing UK progress on European Framework for National Roma Integration Strategies

[[http://ww2.anglia.ac.uk/ruskin/en/home/news/roma\\_report.Maincontent.0007.file.tmp/Experts%20by%20Experience.pdf](http://ww2.anglia.ac.uk/ruskin/en/home/news/roma_report.Maincontent.0007.file.tmp/Experts%20by%20Experience.pdf)]

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LeedsGate (2011) How to engage with Gypsies and Travellers as part of your work  
[<http://www.leedsgate.co.uk/2011/09/27/how-to-engage-with-gypsies-and-travellers-as-part-of-your-work/>]

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NHS Confederation (2014) Comparing apples with oranges?  
How to make better use of evidence from the voluntary and community, April 2014 Issue 273  
[<http://www.nhsconfed.org/~media/Confederation/Files/Publications/Documents/Comparing-apples-with-oranges.pdf>]

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Pathway, (2013) 'Standards for commissioners and providers: the Faculty for Inclusion & Homeless Health'  
[<http://www.pathway.org.uk/wp-content/uploads/2014/01/Standards-for-commissioners-providers-v2.0-INTERACTIVE.pdf>]

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Race for health, (2010) Culturally responsive JSNAs: a review of race equality and Joint Strategic Needs Assessment (JSNA) practice  
[<http://www.raceforhealth.org/storage/files/24252469.pdf>]

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Traveller Movement (2014) Gypsy and Traveller population in England and the 2011 Census  
[<http://irishtraveller.org.uk/wp-content/uploads/2013/08/Gypsy-and-Traveller-population-in-England-policy-report.pdf>]

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### **Examples of Inclusive JSNAs**

Bath and North East Somerset Gypsy, Traveller, Boater, Showman and Roma Health Survey 2012-2013, Margaret Greenfields & Liz Lowe

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Kent Gypsy, Roma, Traveller JSNA 2013/2014

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Health and Social Care needs of Gypsies and Travellers in West Sussex 2010

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